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7590

10/26/2007

COLIN P ABRAHAMS  
5850 CANOGA AVENUE SUITE 400  
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COLIN P. ABRAHAMS	(Depositor's name)
<i>[Signature]</i>	(Signature)
JANUARY 16, 2008	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/412,140	10/05/1999	CLIVE SMITH	1062-104.US	9266

TITLE OF INVENTION: MEDICAL DEVICE WITH COMMUNICATION, MEASUREMENT AND DATA FUNCTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$0	\$0	\$720	01/28/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS		01/23/2008 AIRINMH1 00000036 09412140		
TRAN, CON P	2615	381-067000		01 FC:2501	720.00	OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 COLIN P. ABRAHAMS

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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A check is enclosed.  
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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Colin P. Abrahams

Date JANUARY 16, 2008

Typed or printed name Colin P. ABRAHAMS

Registration No. 32,393

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Smith, Clive ) Examiner: Tran, Con P.  
Serial No.: 09/412,140 )  
Filing Date: Oct 5, 1999 ) Art Unit: 2614  
For: "Medical Device with ...." ) Re: Issue Fee Transmittal  
 ) Our Ref: 1062-104.US  
 ) Date: January 16, 2008

Mail Stop Issue Fee  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please find enclosed the following:

- (1) Part B - Fee(s) Transmittal, 1p;
- (2) Check for \$720.00; and
- (3) Return Postcard

Respectfully submitted,

Colin P. Abrahams (Reg. No. 32,393)  
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Certificate of Mailing (37 CFR 1.8):

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on January 16, 2008.

Colin P. Abrahams

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